



S I G N

**PROPOSED REVIEW OF SIGN GUIDELINE  
CONSULTATION SUMMARY**

Title of guideline	SIGN 90: Diagnosis and management of head and neck cancer
Date of publication	October 2006
SIGN summary of the scoping search	<p><b>HTAs and systematic reviews:</b></p> <p>Su Y X, Zheng J W, Zheng G S, Liao G Q, Zhang Z Y. <b>Neoadjuvant chemotherapy of cisplatin and fluorouracil regimen in head and neck squamous cell carcinoma: a meta-analysis.</b> <i>Chinese Medical Journal.</i>2008;<b>121</b>(19):1939-1944.</p> <p>Rizk S, Robert A, Vandenhooft A, Airoidi M, Kornek G, Machiels J. <b>Activity of chemotherapy in the palliative treatment of salivary gland tumors: review of the literature.</b> <i>European Archives of Oto-Rhino-Laryngology.</i>2007;<b>264</b>(6):587-594.</p> <p>Klug C, Berzaczy D, Voracek M, Millesi W. <b>Preoperative chemoradiotherapy in the management of oral cancer: a review.</b> <i>Journal of Cranio-Maxillo-Facial Surgery.</i>2008;<b>36</b>(2):75-88.</p> <p>Patton L L, Epstein J B, Kerr A R. <b>Adjunctive techniques for oral cancer examination and lesion diagnosis: a systematic review of the literature.</b> <i>Journal of the American Dental Association.</i>2008;<b>139</b>(7):896-905.</p> <p>Stableforth W D, Thomas S, Lewis S J. <b>A systematic review of the role of immunonutrition in patients undergoing surgery for head and neck cancer.</b> <i>International Journal of Oral and Maxillofacial Surgery.</i>2009;<b>38</b>(2):103-110.</p> <p>NICE (2008) <b>Cetuximab for the treatment of head and neck cancer.</b></p> <p>NICE (2009) <b>Cetuximab for the treatment of metastatic and/or recurrent squamous cell carcinoma of the head and neck.</b></p> <p>Lambin P, Ramaekers BLT, van Mastrigt GAPG, Van den Ende P, de Jong J, et al.. <b>Erythropoietin as an adjuvant treatment with (chemo) radiation therapy for head and neck cancer.</b> <i>Cochrane Database of Systematic Reviews</i> 2009, Issue 3.</p> <p>Oliver R, Clarkson JE, Conway D, Glennly AM, Macluskey M, Pavitt S, Sloan P, <b>The CSROC Expert Panel, Worthington HV. Interventions for the treatment of oral and oropharyngeal cancers: surgical treatment.</b> <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 4.</p> <p>Bourhis J, Overgaard J, Audry H, Ang K K, Saunders M, Bernier Jet al. <b>Hyperfractionated or accelerated radiotherapy in head and neck cancer: a meta-analysis.</b> <i>Lancet.</i>2006;<b>368</b>:843-854.</p> <p>Frowen J J, Perry A R. <b>Swallowing outcomes after radiotherapy for head and neck cancer: a systematic review.</b> <i>Head and Neck.</i> 2006; <b>28</b>(10): 932-944.</p> <p>Speight et al. <b>The cost-effectiveness of screening for oral cancer in primary care.</b> <i>HTA</i> 2006; 10(14)</p>

Kujan O, Glenny AM, Oliver R, Thakker N, Sloan P. **Screening programmes for the early detection and prevention of oral cancer.** *Cochrane Database of Systematic Reviews* 2006, Issue 3.

Lodi G, Sardella A, Bez C, Demarosi F, Carrassi A. **Interventions for treating oral leukoplakia.** *Cochrane Database of Systematic Reviews* 2006, Issue 4.

Tandon S, Shahab R, Benton J I, Ghosh S K, Sheard J, Jones T M. **Fine-needle aspiration cytology in a regional head and neck cancer center: comparison with a systematic review and meta-analysis.** *Head and Neck.*2008;**30**(9):1246-1252.

de Bondt R B, Nelemans P J, Hofman P A, Casselman J W, Kremer B, van Engelshoven J M, Beets-Tan R G. **Detection of lymph node metastases in head and neck cancer: a meta-analysis comparing US, USgFNAC, CT and MR imaging.** *Eur J Radiol.*2007;**64**(2):266-72.

Pasamontes Pingarron J A, Cabrera Martin M N, Delgado Bolton R C, Fernandez Perez C, Carreras Delgado J L, Scola Yurrita B. **Systematic review and meta-analysis of diagnostic accuracy of 18F-FDG PET in suspected recurrent head and neck cancer.** *Acta Otorrinolaringologica Espanola.*2008;**59**(4):190-197.

Tang J A, Rieger J M, Wolfaardt J F. **A review of functional outcomes related to prosthetic treatment after maxillary and mandibular reconstruction in patients with head and neck cancer.** *International Journal of Prosthodontics.*2008;**21**(4):337-354.

<p>Main conclusions from new evidence</p>	<ul style="list-style-type: none"> <li>▪ Neoadjuvant chemotherapy with the fluororacil (PF) regimen in HNSCC patients has no effect on locoregional relapse. It shows a small but significant benefit in reducing distant metastasis and improving the overall survival.</li> <li>▪ Treatment with a platinum-based chemotherapy regimen may be an independent factor of better survival for patients with incurable salivary gland neoplasms.</li> <li>▪ Randomised controlled trials are needed for preoperative chemoradiotherapy.</li> <li>▪ There is a lack of data on the effectiveness of adjunctive cancer detection techniques in general dental practice settings.</li> <li>▪ Perioperative immunonutrition is associated with reduced length of hospital stay. Trials were small and further studies are needed.</li> <li>▪ NICE 2008 recommended cetuximab in combination with radiotherapy as a possible treatment for people with locally advanced squamous cell cancer of the head and neck if they have a Karnofsky performance-status score of 90% or more, and all forms of platinum-based chemotherapy are considered inappropriate.</li> <li>▪ NICE 2009 stated that cetuximab in combination with platinum-based chemotherapy is not recommended for people with recurrent and/or metastatic squamous cell cancer of the head and neck.</li> <li>▪ Radiotherapy plus erythropoietin compared to radiotherapy alone negatively affects patient outcome in terms of overall survival and local-regional progression free survival.</li> <li>▪ There is weak evidence that surgery in combination with other treatment options (chemotherapy and radiotherapy) can benefit patients in terms of overall survival and disease-free survival. Few trials report on adverse</li> </ul>
---	---

	<p>events associated with the treatment or subsequent quality of life.</p> <ul style="list-style-type: none"> <li>▪ Altered fractionated radiotherapy improves survival in patients with head and neck squamous cell carcinoma. Comparison of the different types of altered radiotherapy suggests that hyperfractionation has the greater benefit.</li> <li>▪ Neck radiotherapy increases the likelihood of cerebrovascular events, but this risk must be reconciled with the benefits of the therapy in the specific clinical situation.</li> <li>▪ An HTA finding suggested that opportunistic high-risk screening, particularly in general dental practice, may be cost-effective, targeting younger age groups, particularly 40-60 year olds. However, there is considerable uncertainty in the parameters used in the model, particularly malignant transformation rate, disease progression, patterns of self-referral and costs. Further studies are needed.</li> <li>▪ There is insufficient evidence to decide whether screening by visual inspection reduces mortality for oral cancer, and no evidence for other screening methods.</li> <li>▪ There is no evidence from trials to show how to prevent leukoplakia in the mouth that may become precancerous. Comparison on several drugs such as bleomycin, vitamin A and beta carotene supplements, and mixed tea also found no evidence to show the effects of these treatments. More research is needed.</li> <li>▪ Fine-needle aspiration cytology is highly effective in the diagnosis of head and neck masses, with some limitations.</li> <li>▪ USgFNAC has the greatest accuracy for the detection of cervical lymph node metastases. US also performed well, whereas CT and MRI are less accurate.</li> <li>▪ Four meta-analyses found that 18F-FDG PET have good diagnostic performance (sensitivity and specificity) in the overall treatment evaluation of patients with head and neck squamous cell carcinoma (HNSCC) including recurrence.</li> <li>▪ Limitations of the current literature prevented definitive conclusions from being reached regarding maxillary reconstruction. Further studies are needed.</li> </ul>	
New areas that could be added to the guideline	<ul style="list-style-type: none"> <li>▪ Platinum-based chemotherapy</li> </ul>	
Summary of the recommendations that could be updated	Fine needle aspiration cytology should be used in the investigation of head and neck masses (D)	Section: 3.2.1

Please answer the following questions as fully as possible:

Specialties:	General Practice (1), Oncology (1), ENT (1), Nursing (2)		
1(a)	Is there still a requirement for an evidence-based guideline on this topic?		
	Yes		
1(b)	If no, should the guideline be withdrawn?		
2(a)	Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>		
	<p>Section 3.2.1: Update the role of US vs CT and MRI</p> <p>FNA is already recommended and it would only be changing the evidence level.</p> <p>Section 13: The oropharyngeal section would need reviewed in light of the emergence of HPV and its role in path-aetiology and treatment.</p>		
2(b)	If no, is there a need to scope for new evidence on a yearly basis?		
	Yes		
2(c)	Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?		
	<p>Partially</p> <p>No need for revision as the only area picked up on (cisplatin chemotherapy in metastatic salivary gland tumours) does not relate to the guideline as salivary tumours were not originally included in the SIGN 90.</p> <p>The only areas that have changed relate to the use of neoadjuvant chemotherapy and the place of Taxotere in addition to cisplatin and 5FU. There is an update on the MACH meta-analysis on chemotherapy.</p>		
2(d)	If yes, please suggest clinical questions that could be addressed in the revision?		
	<p>What is the role of US in the investigation of neck lumps?</p> <p>How more accurate is USFNAC compared to FNAC alone in the detection of cervical lymph node mets?</p> <p>The role of HPV testing.</p> <p>Recommendations for education re HPV.</p>		
3(a)	Please list any additions to the remit of the guideline that you think would be beneficial		
	<p>Assessment of HPV status in oropharyngeal tumours and patients with no known risk factors.</p> <p>The role of "organ preservation" strategies using chemo-radiotherapy in larynx and hypopharyngeal cancers.</p>		
3(b)	Please list any sections of the guideline that are no longer required		
4	Please tick your preferred option for reviewing this guideline		
	a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time		✓
	b. some recommendations will change in the light of the new evidence and elements of the guideline should be reviewed		✓

5 SIGN COUNCIL			Date: 11.11.2011
Revalidate	Refresh	Revise	Remove
✓			